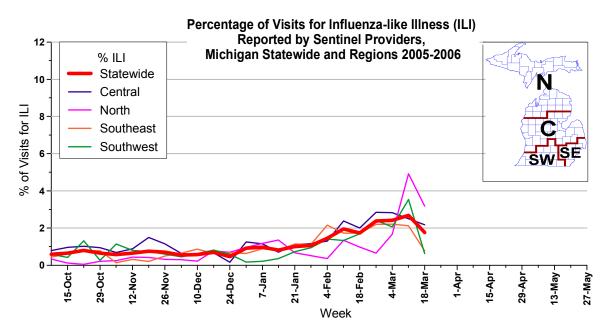
MIFIuFocus March 23, 2006 Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, has been continuing to decline. The level reported for the most recent week is substantially less than that reported for the same week in March 2005.

Emergency Department Surveillance: Emergency department visits due to constitutional and respiratory complaints, which both peaked at the end of February, seem to have decreased in recent weeks. The decrease does, however, seem to be more pronounced among constitutional emergency department visits. Compared to the same week last year, the level of constitutional visits is roughly the same and the level of respiratory visits is increased. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: Sales of all flu-related over-the-counter products are somewhat mixed. The most recent trends demonstrate decreases in chest rubs, cough/cold medication, electrolytes, and thermometers, while antifever medication, adult and pediatric cold relief, and nasal products seem to indicate a very slight increase. Compared to the same period last year, sales of antifever medication, chest rubs, and thermometers are increased, while the remaining indicators are the same or decreased.

Sentinel Surveillance (as of March 23, 2006): During the week ending March 18, 2006, the proportion of visits due to influenza-like illness (ILI) moderately decreased from last week to at 1.8% of all visits. All regions reported a decrease and the percentage of visits for ILI was Central, 2.2%; North 3.2%; Southeast, 0.8%; Southwest, 0.6%



Laboratory Surveillance (March 23, 2006): MDCH lab has confirmed 122 influenza A cases, 116 H3N2, 3 with subtype pending, and 3 B cases. Sentinel laboratories in the southern regions show some labs reporting ongoing influenza activity, while others are beginning to show decreases. The other regions are beginning to decrease. All age groups continue to be represented at this time.

Influenza-Associated Pediatric Mortality (as of March 23, 2006; CDC data as of 3/17): To date, MDCH has investigated one influenza-associated pediatric death in Region 2S. Influenza A (H3N2)

was isolated. Isolate is being forwarded to CDC for further strain characterization. Since October 2, 2005, CDC has received reports of 16 influenza-associated pediatric deaths, 14 of which occurred during the current influenza season. CDC has received reports of 14 influenza-associated pediatric deaths during the current influenza season.

**Reminder: The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005-2006 influenza season. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter-107562 7.pdf for the complete protocol. It is important to immediately call or fax info to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Setting Outbreaks (as of March 23, 2006): MDCH has received one report of an influenza outbreak in an extended-care facility in western MI; MDCH lab has culture confirmed this as influenza A H3N2.. Elderly ill cases had previously been vaccinated.

National: During week 10 (March 5 – March 11, 2006), influenza activity increased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Twenty-five states reported widespread influenza activity; 16 states reported regional influenza activity; 3 states, New York City, and the District of Columbia reported local influenza activity; and 6 states and Puerto Rico reported sporadic influenza activity.

International: (WHO, Week 9) As for the 5 previous weeks, influenza activity continued to increase in week 9 in many countries of the northern hemisphere, although overal activity remained medium to low.

End of Seasonal Report
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## **Avian Influenza Activity:**

WHO Pandemic Phase: Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

**Table 1. H5N1 influenza-avian (Poultry outbreaks March 16):** downloaded 3/23/2006 http://www.oie.int/downld/AVIAN%20INFLUENZA/Graph%20HPAI/graphs%20HPAI/%2016 03 2006.pdf

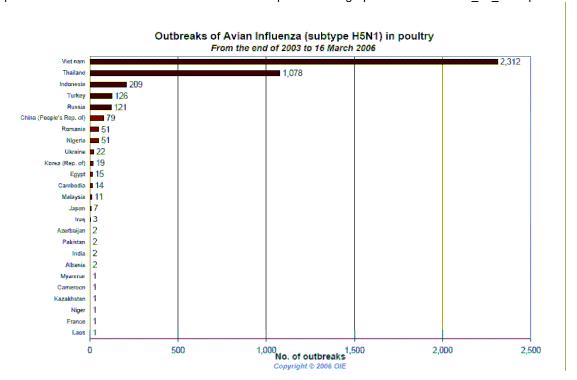


Table 2. H5N1 influenza-human: (March 21, 2006) (Source: Downloaded 3/23/06 http://www.who.int/csr/disease/avian_influenza/country/cases

Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N)

## Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO 21 March 2006

Country	2003		2004		2005		2006		Total	
	cases	deaths								
Azerbaijan	0	0	0	0	0	0	7	5	7	5
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	7	5	15	10
Indonesia	0	0	0	0	17	11	12	11	29	22
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	40	27	184	103

Total number of cases includes number of deaths. WHO reports only laboratory-confirmed cases.